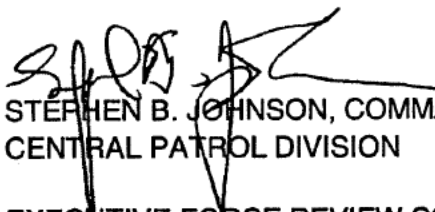


COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE: July 14, 2015

FROM:  STEPHEN B. JOHNSON, COMMANDER TO: PATRICK A. NELSON, CAPTAIN
CENTRAL PATROL DIVISION LANCASTER STATION

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number: FO2362406
Incident: Force
Incident Date: July 31, 2014
Unit: Lancaster Station
Suspect: Raymond Govea, M/H 02/14/86
Involved Employees: Deputy Michael Courtial # [REDACTED]
Deputy Jeremy Farley # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]

EFRC Date: July 9, 2015

The Executive Force Review Committee (EFRC) consisting of Commanders Stephen B. Johnson, Ralph G. Ornelas and Ralph J. Webb met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC recommended that the Unit Commander conduct a tactical debriefing regarding the tactical deployment and assignment of roles during critical situations.

SBJ:JRB:jrb

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service"

OFFICE CORRESPONDENCE

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Unit: Lancaster Station
Suspect: Raymond Govea, M/H 02/14/86
Involved Employees: Deputy Michael Courtial # [REDACTED]
Deputy Jeremy Farley # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]
Deputy [REDACTED] # [REDACTED]

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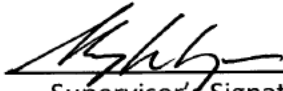


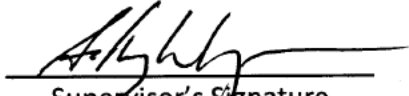

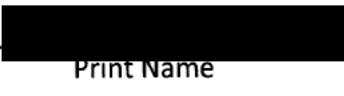
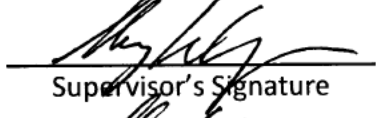

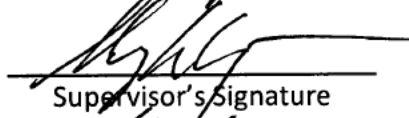


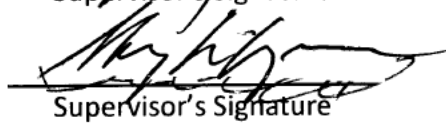

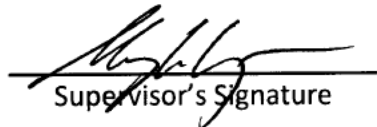
SBJ:JRB:jrb

UNIT COMMANDER RESPONSE

- Complete the form including the following signatures:
 - All involved personnel
 - Supervisors who advised involved personnel of the findings
 - Unit Commander
- If training was recommended for involved personnel, see "Training Attended" section.
- Return this form to the Executive Force Review Committee sergeant at IAB.

| | | |
|----------------|---------------|---|
| Incident Date: | July 31, 2013 | Action Taken by Unit (briefing, counseling, training, etc.) TACTICAL DEBRIEF OF INCIDENT CONDUCTED WITH INVOLVED PERSONNEL. |
| Unit: | Lancaster | |
| Incident: | Force | |
| File No. | FO2362406 | |
| EFRC Date: | July 9, 2015 | |

The above case was heard at the Executive Force Review Committee and its results were

| | | | |
|---|---|-----------------|---|
|  |  | <u>08-27-15</u> |  |
| Signature | Print Name | Date | Supervisor's Signature |
|  |  | <u>08-28-15</u> |  |
| Signature | Print Name | Date | Supervisor's Signature |
|  |  | <u>08-28-15</u> |  |
| Signature | Print Name | Date | Supervisor's Signature |
|  | <u>EARL, JEREMY</u> | <u>08-30-15</u> |  |
| Signature | Print Name | Date | Supervisor's Signature |
|  |  | <u>08/31/15</u> |  |
| Signature | Print Name | Date | Supervisor's Signature |
|  | <u>COURTIAL, MICHAEL</u> | <u>09/07/15</u> |  |
| Signature | Print Name | Date | Supervisor's Signature |
| _____ Signature | _____ Print Name | _____ Date | _____ Supervisor's Signature |
| _____ Signature | _____ Print Name | _____ Date | _____ Supervisor's Signature |

| | | | |
|-----------------------------|-------------------------------|-------|--|
| Unit Commander's Signature: | (See next page for signature) | Date: | |
|-----------------------------|-------------------------------|-------|--|

| | | | |
|-----------|------------|------|------------------------|
| Signature | Print Name | Date | Supervisor's Signature |
| Signature | Print Name | Date | Supervisor's Signature |
| Signature | Print Name | Date | Supervisor's Signature |
| Signature | Print Name | Date | Supervisor's Signature |
| Signature | Print Name | Date | Supervisor's Signature |
| Signature | Print Name | Date | Supervisor's Signature |
| Signature | Print Name | Date | Supervisor's Signature |
| Signature | Print Name | Date | Supervisor's Signature |

| | | | |
|-----------------------------------|---|-------|----------|
| Unit Commander's Signature: |  | Date: | 09/08/15 |
|-----------------------------------|---|-------|----------|

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Page 1 of 7

Incident Information

| | | | |
|---|--|---|--|
| URN: 014 - 13248 - 1137 - 146 | | Date: 07/31/14 | Time: 2320 |
| Location: East Avenue, J8 | | City or Station: Lancaster | |
| Bureau/Station/Facility: North Patrol Division | | Admin. Investigation: <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| Type of Force: Stunbag / Taser / Firm grip / Hobble, legs only / Handcuffing | | | |
| Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 | | Deputy Injury: <input type="radio"/> YES <input checked="" type="radio"/> NO Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO | |
| <input checked="" type="checkbox"/> Call | | <input type="checkbox"/> Observation | <input type="checkbox"/> Detail |
| <input type="checkbox"/> Foot Pursuit | | <input type="checkbox"/> Vehicle Pursuit | |
| IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO | | Person Notified: David Flores | Emp: [REDACTED] IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO |

Involved Employee

E1 Emp # **[REDACTED]** Last Name **Courtial** First Name **Michael** Middle I. **J.** Rank **DSG**

| | | | | | | |
|--|----------------|--------------------|--------------------|--|--|--|
| Sex: <input checked="" type="radio"/> M <input type="radio"/> F | Race: W | Height: 600 | Weight: 275 | Age: [REDACTED] | Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM | <input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty |
| Unit of Assignment: Lancaster Station | | | | Work Assignment (Unit #, Module, etc.): Unit 112 | | |
| Individual Force Used: Stunbag / Taser | | | | <input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist | | Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____ | | | | | | Coroner Case # _____ |

E2 Emp # **[REDACTED]** Last Name **Farley** First Name **Jeremy** Middle I. **E.** Rank **DSG**

| | | | | | | |
|--|----------------|--------------------|--------------------|--|---|--|
| Sex: <input checked="" type="radio"/> M <input type="radio"/> F | Race: W | Height: 507 | Weight: 170 | Age: [REDACTED] | Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM | <input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty |
| Unit of Assignment: Lancaster Station | | | | Work Assignment (Unit #, Module, etc.): Unit 112D | | |
| Individual Force Used: Stunbag / Firm grip / Hobble | | | | <input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist | | Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____ | | | | | | Coroner Case # _____ |

E3 Emp # **[REDACTED]** Last Name **[REDACTED]** First Name **[REDACTED]** Middle I. **[REDACTED]** Rank **DSG**

| | | | | | | |
|--|-------------------------|---------------------------|---------------------------|--|---|--|
| Sex: <input checked="" type="radio"/> M <input type="radio"/> F | Race: [REDACTED] | Height: [REDACTED] | Weight: [REDACTED] | Age: [REDACTED] | Shift: <input type="radio"/> EM <input checked="" type="radio"/> Day <input type="radio"/> PM | <input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty |
| Unit of Assignment: [REDACTED] | | | | Work Assignment (Unit #, Module, etc.): [REDACTED] | | |
| Individual Force Used: Stunbag / Firm grip / Handcuffing | | | | <input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist | | Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____ | | | | | | Coroner Case # _____ |

On Duty Supervisor

| | | | | | | |
|---|-----------------------------|------------------------------|-----------------------------|-----------------|--|--|
| Emp # [REDACTED] | Last Name Dang | First Name Luan | Middle I. V. | Rank SGT | Present: <input checked="" type="radio"/> YES <input type="radio"/> NO | Witness to Incident: <input checked="" type="radio"/> YES <input type="radio"/> NO |
| Supervisor Completing Investigation | | | | | | |
| Emp # [REDACTED] | Last Name Uribe | First Name Jose | Middle I. G. | Rank SGT | Present: <input type="radio"/> YES <input checked="" type="radio"/> NO | Witness to Incident: <input checked="" type="radio"/> YES <input type="radio"/> NO |
| Watch Commander / Supervising Lieutenant | | | | | | |
| Emp # [REDACTED] | Last Name [REDACTED] | First Name [REDACTED] | Middle I. [REDACTED] | Rank LT. | | |

Watch Commander / Supervising Lieutenant's Signature: **Patrick A. Nelson** Date: **04/12/15** Copy Provided to Employee by: **[REDACTED]** Emp #: _____

Unit Commander (Print Name): _____ Unit Commander's Signature: _____ Emp #: _____ Date: _____

Supervisor's Report on Use of Force

SUSPECT INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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S 1

| Suspect Information | | | | | | | | | |
|---|-------------------|--|-----------------------|--|---------------------------|--|--|---|--|
| Last Name Govea | | First Name Ray | | Middle Name Ronnie | | Armed? Select Not Armed | | | |
| AKA Last Name | | First Name | | Middle Name | | | | | |
| Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female | Race: M | Age: 28 | Height: 508 | Weight: 220 | D.O.B: 02/14/86 | Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | | Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | |
| Street Address: [REDACTED] | | | | City: [REDACTED] | | State & Zip Code: [REDACTED] | | | |
| Booking #: 4048656 | | Primary Charge Code: 273.5(a) P.C. | | Secondary Charge Code: 69 P.C. | | Criminal History [REDACTED] | | | |
| Treated on Scene? <input type="radio"/> YES <input checked="" type="radio"/> NO | | Name: LAFD - Captain Pugh | | Unit: Engine #135 | | Phone #: 661-940-7700 | | | |
| Hospital Admission? <input checked="" type="checkbox"/> Rec'd Treatment At: | | Antelope Hospital | | Coroner Case #: | | Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small> | | | |
| By: Doctor Jawad Bermani | | Address: 1600 W. Avenue J, Lancaster 93534 | | | | Phone #: (661) 949-5000 | | | |
| Under Influence: <input type="radio"/> YES <input checked="" type="radio"/> NO | | Substance: | | 5150 a factor in force? <input type="radio"/> YES <input checked="" type="radio"/> NO | | <small>User's guide provides direction on this entry</small> | | | |
| Date: 08/01/14 | | Time: 0724 | | <input checked="" type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input checked="" type="checkbox"/> Photos of Injuries: | | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS | | | |

S

| Suspect Information | | | | | | | | | |
|--|-------|----------------------|---------|--|---------|--|--|---|--|
| Last Name | | First Name | | Middle Name | | Armed? Select | | | |
| AKA Last Name | | First Name | | Middle Name | | | | | |
| Sex: <input type="radio"/> Male <input type="radio"/> Female | Race: | Age: | Height: | D.O.B: | Weight: | Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | | Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | |
| Street Address: | | | | City: | | State & Zip Code: | | | |
| Booking #: | | Primary Charge Code: | | Secondary Charge Code: | | <input type="checkbox"/> Criminal History | | | |
| Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO | | By: | | Unit: | | Phone #: | | | |
| Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: | | | | Coroner Case #: | | Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small> | | | |
| By: | | Address: | | | | Phone #: | | | |
| Under Influence: <input type="radio"/> YES <input type="radio"/> NO | | Substance: | | 5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO | | <small>User's guide provides direction on this entry</small> | | | |
| Date: | | Time: | | <input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: | | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS | | | |

S

| Suspect Information | | | | | | | | | |
|--|-------|----------------------|---------|--|---------|--|--|---|--|
| Last Name | | First Name | | Middle Name | | Armed? Select | | | |
| AKA Last Name | | First Name | | Middle Name | | | | | |
| Sex: <input type="radio"/> Male <input type="radio"/> Female | Race: | Age: | Height: | D.O.B: | Weight: | Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | | Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | |
| Street Address: | | | | City: | | State & Zip Code: | | | |
| Booking #: | | Primary Charge Code: | | Secondary Charge Code: | | <input type="checkbox"/> Criminal History | | | |
| Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO | | By: | | Unit: | | Phone #: | | | |
| Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: | | | | Coroner Case #: | | Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small> | | | |
| By: | | Address: | | | | Phone #: | | | |
| Under Influence: <input type="radio"/> YES <input type="radio"/> NO | | Substance: | | 5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO | | <small>User's guide provides direction on this entry</small> | | | |
| Date: | | Time: | | <input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: | | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS | | | |

☐ Additional Suspects Involved

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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| Employee Witnesses | | | | | |
|------------------------|-----------|---|-------------|---|--------------|
| Emp. # | Last Name | First Name | Middle Name | | |
| | Carter | Ronald | T. | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | | Shift: | |
| Lancaster Station | | Unit 112 | | <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | |
| Emp. # | Last Name | First Name | Middle Name | | |
| | Esswein | Jeremy | M. | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | | Shift: | |
| Lancaster Station | | 112D | | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | |
| Emp. # | Last Name | First Name | Middle Name | | |
| | Tanner | Aaron | D. | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | | Shift: | |
| Lancaster Station | | 112G | | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | |
| Non-Employee Witnesses | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |

☒ Additional Witness

Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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| Involved Employee | | | | | | | | | | | | |
|---|--|-----------|---------|---------|---|--|--|-----------|--|----------------|--|--|
| E 4 | Employee # | Last Name | | | First Name | | | Middle I. | | Rank DSG | | |
| | Sex: | Race: | Height: | Weight: | Age: | Shift: | | | | | | |
| | <input checked="" type="radio"/> M <input type="radio"/> F | W | 508 | 210 | | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM | <input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty | | | | | |
| | Unit of Assignment: | | | | Work Assignment (Unit #, Module, etc.): | | | | | | | |
| | Lancaster Station | | | | Unit 112G | | | | | | | |
| Individual Force Used: | | | | | | <input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist | | | Individual Category | | | |
| Firm grip | | | | | | | | | <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | | | |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: | | | | | | | | | | Coroner Case # | | |
| E 5 | Employee # | Last Name | | | First Name | | | Middle I. | | Rank DSG | | |
| | Sex: | Race: | Height: | Weight: | Age: | Shift: | | | | | | |
| | <input checked="" type="radio"/> M <input type="radio"/> F | W | 509 | 170 | | <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM | <input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty | | | | | |
| | Unit of Assignment: | | | | Work Assignment (Unit #, Module, etc.): | | | | | | | |
| | Lancaster Station | | | | Unit 112T2 | | | | | | | |
| Individual Force Used: | | | | | | <input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist | | | Individual Category | | | |
| Firm grip | | | | | | | | | <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | | | |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: | | | | | | | | | | Coroner Case # | | |
| E 6 | Employee # | Last Name | | | First Name | | | Middle I. | | Rank DSG | | |
| | Sex: | Race: | Height: | Weight: | Age: | Shift: | | | | | | |
| | <input type="radio"/> M <input checked="" type="radio"/> F | W | 508 | 175 | | <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM | <input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty | | | | | |
| | Unit of Assignment: | | | | Work Assignment (Unit #, Module, etc.): | | | | | | | |
| | Lancaster Station | | | | Unit 111A | | | | | | | |
| Individual Force Used: | | | | | | <input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist | | | Individual Category | | | |
| Hobble | | | | | | | | | <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | | | |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: | | | | | | | | | | Coroner Case # | | |
| E | Employee # | Last Name | | | First Name | | | Middle I. | | Rank | | |
| | Sex: | Race: | Height: | Weight: | Age: | Shift: | | | | | | |
| | <input type="radio"/> M <input type="radio"/> F | | | | | <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM | <input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty | | | | | |
| | Unit of Assignment: | | | | Work Assignment (Unit #, Module, etc.): | | | | | | | |
| | | | | | | | | | | | | |
| Individual Force Used: | | | | | | <input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist | | | Individual Category | | | |
| | | | | | | | | | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | | | |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: | | | | | | | | | | Coroner Case # | | |
| E | Employee # | Last Name | | | First Name | | | Middle I. | | Rank | | |
| | Sex: | Race: | Height: | Weight: | Age: | Shift: | | | | | | |
| | <input type="radio"/> M <input type="radio"/> F | | | | | <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM | <input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty | | | | | |
| | Unit of Assignment: | | | | Work Assignment (Unit #, Module, etc.): | | | | | | | |
| | | | | | | | | | | | | |
| Individual Force Used: | | | | | | <input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist | | | Individual Category | | | |
| | | | | | | | | | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | | | |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: | | | | | | | | | | Coroner Case # | | |

Supervisor's Report on Use of Force

EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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| Employee Witnesses | | | | |
|------------------------|-----------|---|---|---------------------|
| Emp. # | Last Name | First Name | Middle Name | |
| | Sherman | Sheldon | D. | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | |
| Lancaster Station | | 111T1 | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | |
| Emp. # | Last Name | First Name | Middle Name | |
| | Taylor | Andrew | M. | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | |
| Lancaster Station | | 111D | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | |
| Emp. # | Last Name | First Name | Middle Name | |
| | Cisneros | Amos | A. | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | |
| Lancaster Station | | 112T1 | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | |
| Non-Employee Witnesses | | | | |
| Last Name | | First Name | Middle Name | Age D.O.B. |
| | | | | |
| Street Address | | City | Zip Code | Phone #1 Phone #2 |
| | | | | |
| Last Name | | First Name | Middle Name | Age D.O.B. |
| | | | | |
| Street Address | | City | Zip Code | Phone #1 Phone #2 |
| | | | | |
| Last Name | | First Name | Middle Name | Age D.O.B. |
| | | | | |
| Street Address | | City | Zip Code | Phone #1 Phone #2 |
| | | | | |
| Last Name | | First Name | Middle Name | Age D.O.B. |
| | | | | |
| Street Address | | City | Zip Code | Phone #1 Phone #2 |
| | | | | |
| Last Name | | First Name | Middle Name | Age D.O.B. |
| | | | | |
| Street Address | | City | Zip Code | Phone #1 Phone #2 |
| | | | | |
| Last Name | | First Name | Middle Name | Age D.O.B. |
| | | | | |
| Street Address | | City | Zip Code | Phone #1 Phone #2 |
| | | | | |
| Last Name | | First Name | Middle Name | Age D.O.B. |
| | | | | |
| Street Address | | City | Zip Code | Phone #1 Phone #2 |
| | | | | |

Supervisor's Report on Use of Force

EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 4 - 1 3 2 4 8 - 1 1 3 7 - 1 4 6

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| Employee Witnesses | | | | | |
|------------------------|-----------|---|---|-------------|--------------|
| Emp. # | Last Name | First Name | Middle Name | | |
| | Stogden | Alfonso | J. | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | | |
| Lancaster Station | | 112B | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | | |
| Emp. # | Last Name | First Name | Middle Name | | |
| | Martinez | Oscar | A. | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | | |
| Lancaster Station | | 111T1 | <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | | |
| Emp. # | Last Name | First Name | Middle Name | | |
| | Dang | Luan | V. | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | | |
| Lancaster Station | | 110S | <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | | |
| Non-Employee Witnesses | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | | Middle Name | Age D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |

☐ Additional Witness

Supervisor's Report on Use of Force

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Method

| | | |
|--|---|---|
| (AW) Arwen | (FH) Firearm (Handgun) | (PO) Personal Weapon (Other) |
| (BC) Baton: (Control) | (FR) Firearm (Rifle) | (RS) Resistance |
| (BI) Baton: (Impact) | (FS) Firearm (Shotgun) | (RO) Restraint Device (Other) |
| (BF) Bodily Fluids | (FO) Firearm (Other) | (RH) Restraint Device (Handcuffs) |
| (CN) Canine | (FB) Flashbang | (HB) Restraint Device: Hobble (Legs Only) |
| (CR) Carotid Restraint | (FL) Flashlight | (TP) Restraint Device: Hobble (TARP) |
| (CH) Choke Hold | (OE) Other Weapon: Edged | (RE) Restraint Device: REACT Belt |
| (CT) Control Holds: (Control Techniques) | (OV) Other Weapon: Vehicle | (SP) Sap |
| (TT) Control Holds: (Team Takedown) | (OB) Other Weapon: Blunt Object | (SH) Shield |
| (TD) Control Holds: (Takedown) | (OO) Other Weapon: Other | (IR) Less Lethal Impact Round (other) |
| (CE) Chemical | (PK) Personal Weapon: Feet/Leg: (Kick) | (SB) Sting Ball |
| (OC) Chemical Agents (OC Spray) | (PS) Personal Weapon: Feet/Leg: (Sweep) | (ST) Stun Bag |
| (TG) Chemical Agents (Tear Gas) | (PH) Personal Weapon (Hand/Arm) | (TR) Taser |
| (EX) Explosives | (PP) Personal Weapon (Push) | (UC) Uncooperative |
| | | (HR) High Risk |

Type of Injury

| | | |
|------------------------|-------------------|----------------------------|
| (AB) Abrasion | (DB) Dog Bite | (PA) Paralysis |
| (BR) Bruise | (FR) Fractures | (PW) Puncture Wound |
| (BU) Burn | (GS) Gunshot | (SD) Soft Tissue Damage |
| (CP) Complaint of Pain | (HB) Human Bite | (ST) Sprain/Twists |
| (CO) Concussion | (LC) Lacerations | (UN) Unconscious |
| (DH) Death | (ND) Nerve Damage | (RM) Refused Med Treatment |
| (DI) Dislocation | (OD) Organ Damage | (NN) NONE |

Body Part Involved

| | | |
|---------------|---------------|---------------|
| (AD) Abdomen | (FA) Face | (HI) Hip |
| (AK) Ankle | (FE) Feet | (IN) Internal |
| (AR) Arm | (FI) Fingers | (KN) Knees |
| (BK) Back | (GE) Genitals | (LE) Leg |
| (BT) Buttocks | (GR) Groin | (NK) Neck |
| (CH) Chest | (HD) Hands | (NO) Nose |
| (EL) Elbow | (HE) Head | (SH) Shoulder |
| | | (WR) Wrist |

| FORCE USED BY | | FORCE USED AGAINST | | Method (Code) | Type of Injury (Code) | Body Part (Code) |
|---------------|----------|--------------------|-----------|------------------|-----------------------------|---------------------|
| Name | E# or S# | Name | E# or S# | | | |
| Govea | S#1 | Courtial | E#1 | HR | NN | ---- |
| Courtial | E#1 | Govea | S#1 | ST | AB | CH |
| Courtial | E#1 | Govea | S#1 | ST | AB | CH |
| Courtial | E#1 | Govea | S#1 | ST | AB | CH |
| Courtial | E#1 | Govea | S#1 | ST | AB | BK |
| Govea | S#1 | Farley | E#2 | HR | NN | ----- |
| Farley | E#2 | Govea | S#1 | ST | AB | AD |
| Farley | E#2 | Govea | S#1 | ST | NN | ----- |
| Farley | E#2 | Govea | S#1 | ST | NN | ----- |
| Govea | S#1 | | E#3 | HR | NN | ----- |
| | E#3 | Govea | S#1 | ST | NN | ----- |
| | E#3 | Govea | S#1 | ST | NN | ----- |
| | E#3 | Govea | S#1 | ST | NN | ----- |
| | E#3 | Govea | S#1 | ST | NN | ----- |
| Govea | S#1 | Courtial | E#1 | HR | NN | ----- |
| Courtial | E#1 | Govea | S#1 | TR | BU | BK |
| Govea | S#1 | Farley | E#2 & 4 | RS | NN | ----- |
| Farley | E#2 & 4 | Govea | S#1 | CT | NN | ----- |
| Govea | S#1 | | E#3, 5, 6 | RS | NN | ----- |
| | E#3 & 5 | Govea | S#1 | CT | NN | ----- |
| | E#3 | Govea | S#1 | RH | NN | ----- |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |